

The Environmentally Sensitive

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We are saying to the other animals in the  
barnyard, "Hey, we're not feeling too good.  
It's got something to do with the mess around.  
Whadyathink? Maybe we could sweep up a bit?"

## Environmental Hypersensitivity

The ONTARIO Thomson Commission heard the arguments of the medical professionals, and received representations from 1109 members of the ten thousand adults and children in Ontario estimated to be then diagnosed as having this frequently disabling problem. Their report, (underlining mine), defines 'environmental hypersensitivity' as:

'...a chronic (i.e., continuing for more than three months) multisystem disorder, usually involving symptoms of the central nervous system and at least one other system. Affected persons are frequently intolerant to some foods and they react adversely to some chemicals and to environmental agents, singly or in combination, at levels generally tolerated by the majority. Affected persons have varying degrees of morbidity, from mild discomfort to total disability. Upon physical examination the patient is normally free from any abnormal, objective findings. Although abnormalities of complement and lymphocytes have been recorded, no single laboratory test, including serum IgE, is consistently altered. Improvement is associated with avoidance of suspected agents and symptoms recur with re-exposure.' (p228, Thomson Report)

Because of confusion in the past, it should be emphasized that in the commission's finding there is no indication the reactions consistently involve immune system or IgE responses.

It is also significant to the environmentally sensitive that the only mention of treatment put forward as part of the definition is external to our bodies, involving the avoidance of environmental agents (usually pollution) associated with the problem.

A perspective on environmental hypersensitivity:

People with environmental hypersensitivity are like the first trees in an acid-rain forest to show the effects of a variety of chemicals, singly and in combination, which have been newly introduced into their ecosystem. There are at least two significant differences. First, in our case people are affected rather than trees, so victims are often conscious of their reactions. Second, the chemical bath for trees is premixed, hence, less manageable.

The confusion that has surrounded this condition has resulted in a history paralleling that of coming to terms with the similar effects of acid rain on trees.

Two decades ago, environmentally aware scientists said the multi-chemical bath from pollution affects various systems in trees, leaving them susceptible to a variety of adverse influences, depending on other host and ecological factors.

Confusion was caused when specialists focussed only on the other host and environmental factors, in the case of trees including worms, fungus, and other parasites, soil conditions, and even the trees' immune systems. While experts argued, politicians were unwilling to identify and deal with the significant underlying problem, pollution in the rain. Now we know that trees in an acid-rain forest are susceptible to a wide variety of problems because pollution has affected various systems in the trees, leaving them susceptible to a wide variety of adverse influences.

In the case of the environmentally sensitive, doctors, including clinical ecologists and other environmental health specialists, have asserted that susceptible individuals have developed a variety of systemic problems, largely as a result of pollution. Whereas in the case of trees this chemical bath is premixed, in humans, in addition to the problem of acid rain, we collect our exposures as we go through the day, from a variety of point sources, including food additives, cigarette smoke, pesticides, and other environmental sources. Opponents of this group have claimed that this or that specific part of the problem is the only cause for concern. Various specialists have blamed viruses, the mind, fungus, and, again, the immune system, while ignoring the underlying problem of pollution.

While these specialists have been arguing with each other about who is 'right', the most significant element of the problem has been left unaddressed. Of course, as Canadians have been trying to tell the American administration for several years, as long as the problem of pollution is not seen for what it is, the damage continues.

There are three groups to be concerned about:

1. Those diagnosed, who need:

- a) a change of the negative public image caused by the government's reluctance to help in the past. A survey of public and institutional attitudes should be made, then a consciousness-raising campaign to correct some of the more damaging public misimpressions about this condition.
- b) involvement in the process of coming to terms with the problem. To many of us, explaining reactions to others is sort of like explaining the colour green to a blind person. Those who are unfamiliar with sensitivity reactions might be slower to assume know the appropriate questions to assess that which is outside their own consciousness, and more eager to listen to what we know from direct experience.
- c) appropriate medical treatment, including diagnostic, avoidance, and rehabilitation measures funding, and the guarantee that our health will not be in jeopardy when we receive other medical care. Hospitals, for instance, are usually quite unhealthy places for people with environmental hypersensitivity, due to low levels of all kinds of chemicals in their air, as are dentists' chairs.

- d) a variety of other social needs met. Many people need help getting appropriate water and food, and safe housing. Disability pensions, income security, employment access, public facility access, and a number of other social concerns, most of them similar to those arising from any chronic disability, have been identified.
- e) All institutions need to become familiar with the needs of this existing disabled group, so that they might most reasonably accommodate us.
2. Those with the condition, but without a diagnosis, or with a misdiagnosis.

A very rough survey suggests fifteen thousand people have been diagnosed so far, just in the Province of Ontario. Each, on average, has seen six practitioners before finding one familiar with the condition and able to help, probably several others have not yet found out what's causing their symptoms, or have had their illness misdiagnosed, not knowing the underlying cause. Statistics show that probably most people who have the condition don't know they have it. These people might be found by looking in high risk groups identified by analysing environmental hypersensitivity symptoms.

The first priority should probably be psychiatric patients.

This group seems to be the one the environmentally sensitive agree is most urgently needing to know what's going on. However, there are a few high risk groups, and perhaps all of them warrant immediate exploration.

3. The next ones.

Precisely as long as specialists continue to argue with each other, in the way the Reagan administration has argued against Canadian pleas to recognize the importance of acid rain, the problem is not being dealt with for what it is, and thousands more people will get sick.

The Thomson Commission notes symptoms involving the central nervous system, gastrointestinal, respiratory, and musculo-skeletal systems, the genito-urinary tract, eye, ear, nose, and throat, skin, and the cardiovascular system, with effects ranging from mild discomfort to total disability.

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